

North Dakota Department of Transportation, Drivers License and Traffic Safety  
SFN 54323 (Rev. 04-2005)

Organization's Name				
Project Coordinator Name		Project Coordinator Title		
Head of Agency Name		Head of Agency Title		
Head of Agency Signature				
PO Box	Street Address (needed in addition to PO Box)		City	Zip Code
Telephone Number		Fax Number		E-mail Address

Federal Employer ID Number

Fiscal Officer Name	Fiscal OfficerTitle
Fiscal Officer Signature	

Safe Communities Coalition Chairman Name			
Safe Communities Coalition ChairmanSignature			
PO Box	Street Address (needed in addition to PO Box)	City	Zip Code
Telephone Number	Fax Number	E-mail Address	

## Narrative Part 1: Organization and Community Description

- = Provide a description of your community or the area the project will serve.
- = Provide a complete description of your organization.

[illegible]

**Narrative Part 2: Give an overview of your problem identification** (include relevant data).

**Narrative Part 3: Briefly describe the project you propose to implement (in 100 words or less).**

**Narrative Part 4: Detail any community collaboration necessary for the project completion.**

**Project Objectives:** Must be measurable and time-framed.

**Example:** Increase safety belt use, as shown by surveys, by \_\_\_\_\_ percent (from \_\_\_\_\_ percent to \_\_\_\_\_ percent) by \_\_\_\_\_ (end of project period.)

1.

2.

3.

4.

**Strategies:** This table may be reproduced if more space is needed.

[illegible]

**Evaluation:** Detail how you will evaluate the success of your project. Identify the tools you will use to determine that success.

**Budget Information**

Budget Period (Identify the start & end dates of the Project)		Total		
Budget Items Identify all sources for in-kind or other funds for each budget item.		Grant Request	In-Kind & Donations	Other Funds
A. <b>Salary &amp; Fringe:</b> Itemize by position, FTE or hours, and rate per hr./mo. if applicable for grant period.				

Total Grant Funds requested: \_\_\_\_\_ this amount is \_\_\_\_\_ % of total budget.

# Resolution Authorizing Execution of Grant Agreement

Be it resolved that \_\_\_\_\_ will enter into a grant agreement with  
Name of Organization/Agency  
the Office of Traffic Safety of the North Dakota Department of Transportation for the project and time frame outlined in  
this "Request for Proposal in the North Dakota Highway Safety Plan."

The \_\_\_\_\_ is here by authorized to execute such grant agreements as are necessary to  
Title of Authorized Official  
implement the project on behalf of \_\_\_\_\_.  
Name of Organization/Agency

\*Examples of authorized officials include the city mayor, county commissioner, executive director, chairman of the board, agency administrator,  
company president, etc.

I certify that the above resolution was adopted by the \_\_\_\_\_ of \_\_\_\_\_  
Executive Body Name of Organization/Agency  
on \_\_\_\_\_.  
Month, Day, and Year

## Applicant

Print Name

Signature

Title

Date

## Witnessed by:

Print Name

Signature

Title

Date

## BASIC GUIDELINES & REQUIREMENTS

The project coordinator must initial each guideline and sign this page on the signature line at the bottom of the page. This page must accompany the proposal.

GUIDELINE OR REQUIREMENT	PROJECT COORDINATOR'S INITIALS
<b>Reporting Requirements:</b> Unless otherwise noted, MONTHLY PROGRESS REPORTS must be submitted along with the MONTHLY VOUCHER even if there have been no expenditures for the project. A FINAL REPORT is due no later than November 14 following the fiscal year end. The requirements for the final report will be outlined in the contract. in the case of a Safe Communities project, the final report requirements are also found in the North Dakota Safe Communities Handbook.	
<b>Claims for Reimbursement:</b> Only costs associated with activities approved for your project in the contract can be claimed for federal reimbursement. Claims for reimbursement must be submitted according to the terms of the contract. The final claim for reimbursement must be submitted no later than November 14.	
<b>Equipment/Other Purchases:</b> Because of NHTSA's strict requirements for equipment purchases, all requests for equipment MUST be approved in the contract. Equipment purchases must be made following state procurement policies unless local agency policies are more stringent than those of the state. Any piece of equipment that costs more than \$5,000 must be approved in writing by the Rocky Mountain Region of NHTSA before it can be purchased.	
<b>Travel:</b> All in-state travel, including mileage, lodging and per diem is reimbursed at state rates. All out-of-state travel that uses NHTSA funds must be approved in advance by the state program manager in the Office of Traffic Safety, and must be approved in the contract budget.	
<b>Some Expenses Not Allowable:</b> <ul style="list-style-type: none"><li>= Paid media, such as advertising space in a newspaper or airtime; however, funds can be used for creating messages.</li><li>= Alcoholic beverages.</li><li>= Food or refreshments that are not part of the projects' award ceremony, a planned meeting or event.</li><li>= As CASH rewards (these must be donated by a local source.) Equipment over \$5,000 is not authorized</li><li>= Furniture</li><li>= Gift certificates or tickets for any ENTERTAINMENT venue, such as sporting or musical events.</li><li>= Incentive or "give away" items.</li><li>= Other activities or items that are not related to promoting traffic safety messages.</li></ul>	
<b>Changes in the project:</b> Any change in project direction or scope must be discussed in advance with and approved by the state program manager. Some changes in the project may be large enough to require a revision to the grant application. Your state program manager will tell you if a revision is required.	
<b>Other Issues:</b> This page describes only the basic requirements and guidelines for participating in a NIHTSA-funded traffic safety project. While it does not cover every situation, following these rules will help you avoid a good share of the problems that may arise.	

**I understand these requirements and agree to abide by them.**

\_\_\_\_\_  
Signature of Project Coordinator

\_\_\_\_\_  
Date